

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James Wilson Barker  
Town County  
Died at Town Creek St Mary's  
Date of death 1904 Aug- 30th Age 23  
Sex Male Color or Race Black Birth-place St Mary's Co.,  
Occupation Laborer Where Residing if not at place of death Town Creek  
Married, Single or Widowed Name of Wife or Husband -  
Father's Name Wm Barker Father's Birthplace St Mary's Co.,  
Mother's Maiden Name Catherine Milard Mother's Birthplace St Mary's Co.,  
Name of person giving Information Brother How related to Deceased Brother

## CAUSES OF DEATH

Primary Typhoid Fever How long 4 weeks  
Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

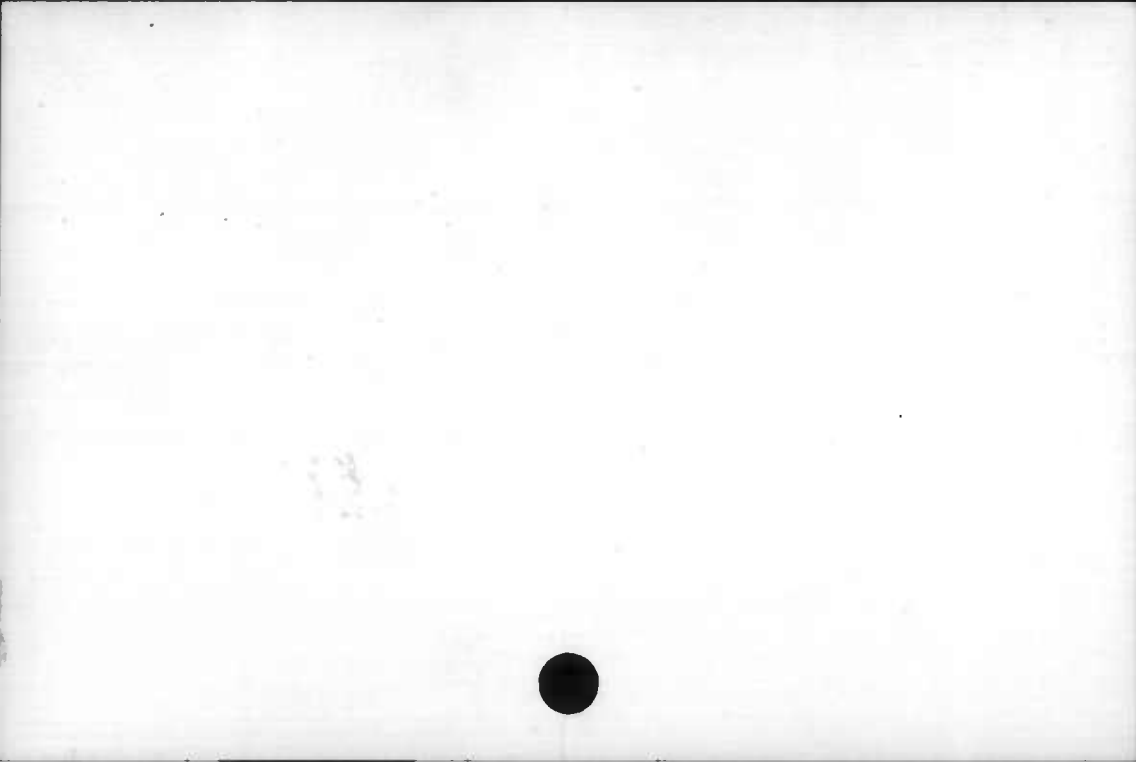
Signature of Physician

Address

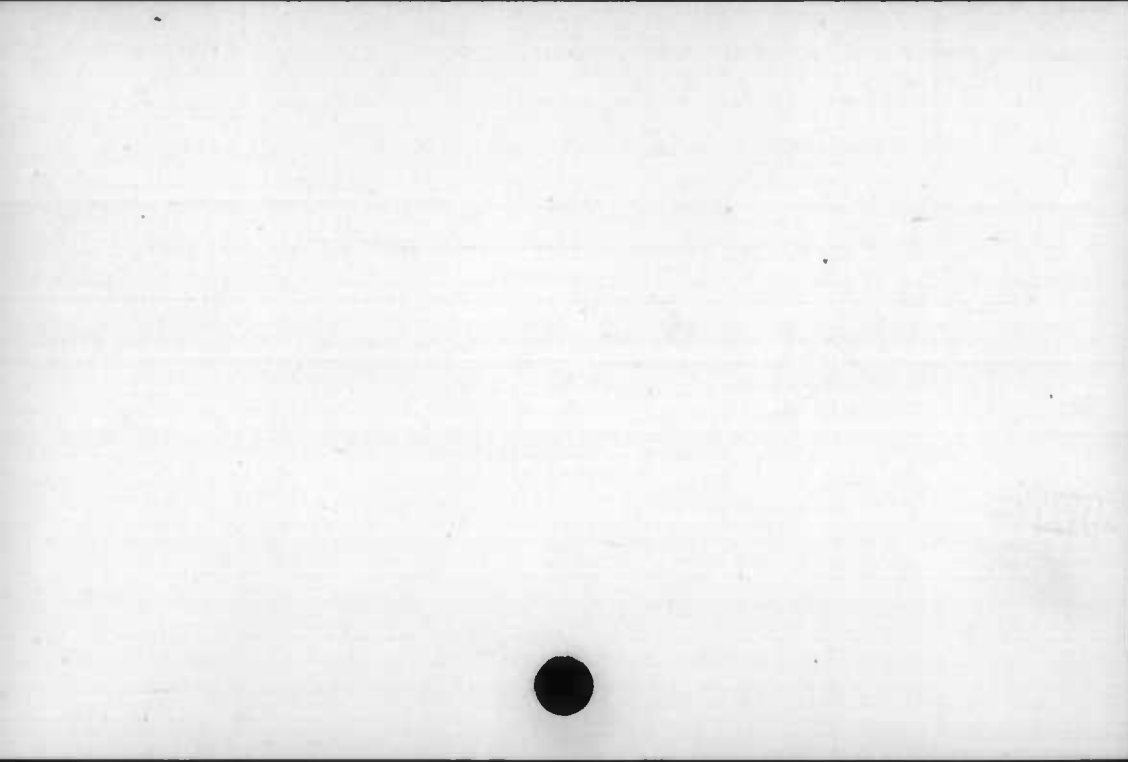
Henry Richardson M.D.  
Great Mills,  
St Mary's Co., Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Seamwell</u> Town		<u>St Marys</u> County		MARYLAND
	Date of death <u>1909</u>	Month <u>Aug</u>	Day <u>22</u>	Age <u>2</u> Years	Months <u>11</u> Days <u>-</u>
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>St Marys Co</u>	
	Occupation <u>-</u>		Where Residing if not at place of death <u>-</u>		
	Married, Single or Widowed <u>-</u>		Name of Wife or Husband <u>-</u>		
	Father's Name <u>Frederick J. Combs</u>		Father's Birthplace <u>St Marys Co</u>		
	Mother's Maiden Name <u>Lucie Ellen Abell</u>		Mother's Birthplace <u>" " "</u>		
Name of person giving information <u>Mrs C. Mattingly</u>		How related to deceased <u>Second cousin</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Enteritis &amp; Pertussis</u>		How long <u>4 or 5 mos</u>		
	Immediate <u>Pneumonia</u>		How long <u>two weeks</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. H. Greenwell</u>		
			Address <u>Leonardtown</u>		
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Vincent He Paul Cornish*

Town *St Marys* County *St Marys* MARYLAND

Died *1909* *Aug* *14* *1* *7*

Date of death *1909* *Aug* *14* *1* *7*

Sex *Male* Color or Race *White* Birth-place *St Marys Co*

Occupation *—* Where Residing if not place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *George E. Cornish* Father's Birthplace *St Marys Co*

Mother's Maiden Name *Lucy E. Cornish* Mother's Birthplace *" " "*

Name of person giving In formation *Rev. E. Cornish* How related to deceased *father*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary *Enteritis* How long *2 weeks*

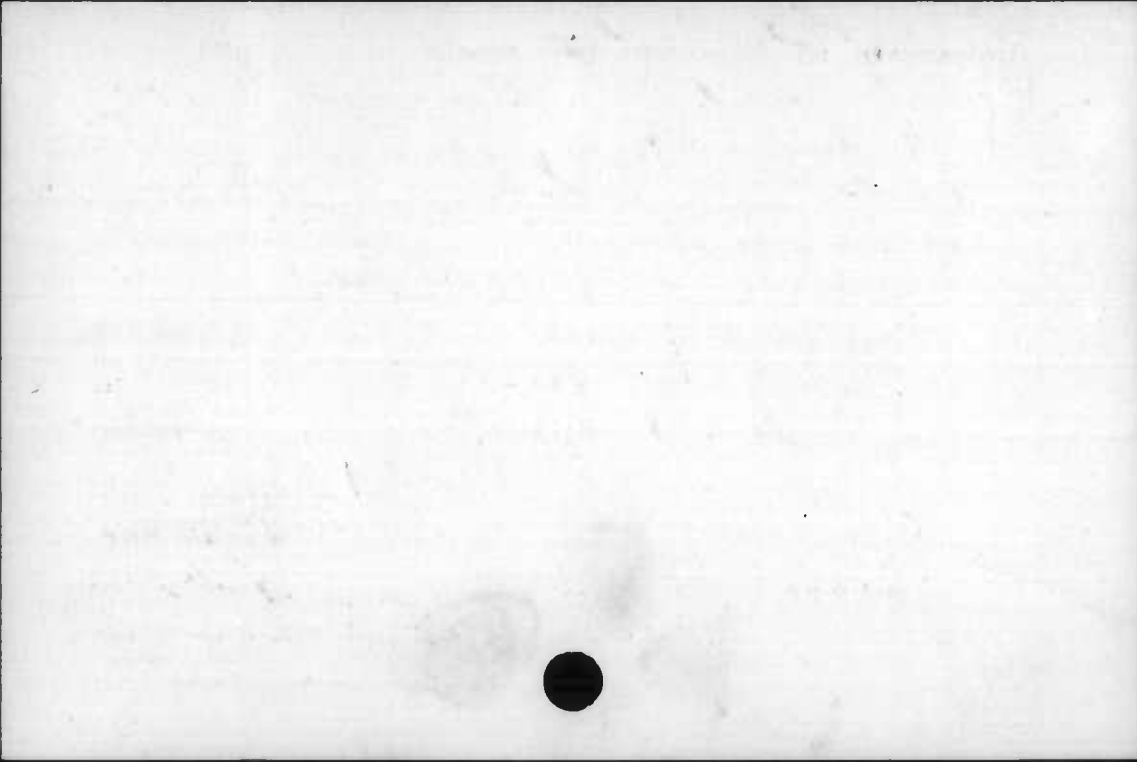
Immediate *Meningitis* How long *36 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. H. Greenwell*

Address *Annapolis*

Accident or Suicide? *—*



Name  
In  
Full

Louisa Guy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Clements</u> <small>Town</small>		<u>St. Marys</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	Month <u>Aug</u>	Day <u>21</u>	Years <u>81</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>St. Marys Co.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>widowed</u>	Name of wife or Husband <u>Thos P. Guy</u>				
Father's Name <u>—</u>	Father's Birthplace <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>—</u>	How related to deceased <u>Grandson</u>		Name of person giving information <u>Thamillus Guy</u>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>apoplexy</u>	How long <u>64</u>
	Immediate	<u>Exhaustion + age</u>	How long <u>6 years</u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. E. Greenwell</u>
	Address <u>Lincolnton Ind</u>		
Accident or Suicide? <u>—</u>			

